DEPARTMENT OF HEALTH & MENTAL HYGIENE

MEDICAL CARE PROGRAM

COMPANION GUIDE FOR
837 HEALTH CARE CLAIM INSTITUTIONAL ENCOUNTERS
VERSION 004010X096A1

February 27, 2007

Version 5

Health Care Claim Institutional Encounter - 837

Introduction:

This Companion Guide contains a subset of the data content established for the Health Care Claim Transaction Set (837). This transaction can be used to submit health care claim / encounter billing information from providers of health care services to Maryland Medicaid, either directly or through an intermediary (i.e., clearinghouses, etc.).

This Companion Guide governs electronic billing of institutional services on an ASC X12 837- Institutional (004010X096A1) transaction. Please refer to Maryland Medicaid Billing Instructions for specific services to be billed using this transaction.

This guide is not to be used as a substitution for the 837 Health Care Claim Implementation Guide (IG). The objective of the document is to clarify what information is needed by Maryland Medicaid where multiple values exist and specific values are needed.

All alpha characters must be in upper case. Data must be in ASCII format. It is highly recommended that you do not suppress leading zeros for data elements such as Provider Number, Recipient ID, etc. This type of data should be handled as alphanumeric.
Transactions containing non ASC X12N compliant data will be rejected prior to adjudication. An ASC X12N 997 transaction will be used to convey the rejection and may include an associated reason.

Always use the 2000B Subscriber Loop (Subscriber Hierarchical Level), since for Maryland Medicaid; the Subscriber is the same person as the Patient.

Please note that the maximum number of service lines per claim is 50. Encounters containing up to and including 50 line items will be adjudicated. Encounters containing more than 50 line items will be accepted but denied before adjudication.

HI Segment Mapping Clarification
The following provides clarification for mapping HI segments where the occurrence is 2 (or more). In instances where the HI segment occurs 2 (or more) times, it is required that all Data Elements (DEs) of the first occurrence of the HI will be used. In most cases, this provides up to 12 DEs to use to convey the appropriate information for that HI instance. For example:

Correct Mapping: **HI*BH:42:D8:20041123*BH:25:D8:20020719**
Incorrect Mapping: **HI*BH:42:D8:20041123**
HI*BH:25:D8:20020719

DHMH will only map DEs within the first HI segment and requests that any needed information to adjudicate a claim is made available in the first HI segment instance.

Transmission Considerations

Trading Partners are requested to follow the 837 Implementation Guide recommendations to limit the number of CLMs within a transaction (ST-SE envelope) to 5,000. (See section 2.7 of the 837 Implementation Guides) In cases where the Trading Partner needs to transmit several 5000 CLM files, DHMH recommends uploading the files one at a time in five minute intervals to avoid file submission problems.

Trading partners are requested to use unique Group Control Numbers (GS06) for all interchanges submitted to DHMH. This provides ease of tracking for the Trading Partner for reconciliation and easy identification for DHMH support staff for troubleshooting, identifying 997s and verifying results.

This Companion Guide can be found on the State of Maryland Department of Health and Mental Hygiene Web site at:

http://www.dhmh.state.md.us/hipaa/transandcodesets.html

Maryland Medicaid Companion Guide - 837 Institutional Encounters

LEGEND:
SHADED rows represent "segments" in the X12N implementation guide
NON-SHADED rows represent "data elements" in the X12N implementation guide

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
B.3			**Interchange Control Header**			
B.3		ISA01	Authorization Information Qualifier	00		
B.4		ISA03	Security Information Qualifier	00		
B.4		ISA05	Interchange ID Qualifier			Agreed upon during trading partner set-up
B.4		ISA06	Interchange Sender ID			Agreed upon during trading partner set-up
B.4		ISA07	Interchange ID Qualifier	ZZ		
B.5		ISA08	Interchange Receiver ID			526002033MCPP - Production 526002033MCPT - Test
B.6		ISA14	Acknowledgment Requested	0		No TA1 returned. Note: A 997 will be returned

B.6		ISA15	Usage Indicator			T for Test Data P for Production Data
B.8			**Functional Group Header**			
B.8		GS02	Application Sender's Code			Agreed upon during trading partner set-up
B.8		GS03	Applications Receiver's Code			MMISENC
B.9		GS08	Version/Release/Industry Identifier Code			004010X096A1
61	**1000A**		**Submitter Name**			
63		NM109	Submitter Primary Identifier			Same as GS02
67	**1000B**		**Receiver Name**			
68		NM103	Receiver Name			Maryland Medical Care Program
68		NM109	Receiver Primary Identifier			526002033MCP
76	**2010AA**		**Billing Provider Name**			
77		NM108	Identification Code Qualifier	XX		
78		NM109	Identification Code		10	National Provider ID
83		REF01	Reference Identification qualifier	1D		For use during dual NPI-Legacy Identifiers Strategy Phase of NPI Implementation.
84		REF02	Billing Provider Secondary Identifier		9	Maryland Medicaid Assigned Provider Number for the Provider of Service
91	**2010AB**		**Pay-To Provider's Name**			**Use Loop 2010AB if different than information contained in Billing Provider (2010AA)**
92		NM108	Identification Code Qualifier	XX		
93		NM109	Identification Code		10	National Provider ID
97		REF01	Reference Identification qualifier	1D		For use during dual NPI-Legacy Identifiers Strategy Phase of NPI Implementation.

98		REF02	Pay-To Provider Secondary Identifier		9	Maryland Medicaid Assigned Provider Number for the Provider of Service
108	**2010BA**		**Subscriber Name**			
110		NM108	Identification Code Qualifier	MI		
110		NM109	Subscriber Primary Identifier		11	Patient's Maryland Medical Assistance Number
126	**2010BC**		**Payer Name**			
127		NM103	Payer Name			MCO Organization Name
127		NM108	Payer Qualifier	PI		
128		NM109	Payer Identifier			Maryland Medicaid assigned MCO Identifier
139	**2000C**		**Patient Hierarchical Level**			**This loop will not be supported by Maryland Medicaid since the subscriber is always the patient**
157	**2300**		**Claim Information**			
160		CLM06	Provider Signature on File			Use Y if information not Known
160		CLM08	Assignment of Benefits Indicator			Use Y if information not Known
161		CLM09	Release of Information Code			Use O if information not Known
187		REF01	Reference Identification qualifier	D9	2	Use when sending additional account number
188		REF02	Claim Number		17	Use for additional account number (Patient Account Number)
321	**2310A**		**Attending Physician Name**			
323		NM108	Identification Code Qualifier	XX		
323		NM109	Identification Code		10	National Provider ID
326		REF01	Reference Identification Qualifier	1D		For use during dual NPI-Legacy Identifiers Strategy Phase of NPI Implementation.

327		REF02	Attending Physician Secondary Identifier		9	Maryland Medicaid Assigned Provider Number
328	**2310B**		**Operating Physician Name**			
330		NM108	Identification Code Qualifier	XX		
330		NM109	Identification Code		10	National Provider ID
333		REF01	Reference Identification Qualifier	1D		For use during dual NPI-Legacy Identifiers Strategy Phase of NPI Implementation.
334		REF02	Operating Physician Secondary Identifier		9	Maryland Medicaid Assigned Provider Number
335	**2310C**		**Other Provider Name**			
337		NM108	Identification Code Qualifier	XX		
337		NM109	Identification Code		10	National Provider ID
340		REF01	Reference Identification qualifier	1D		For use during dual NPI-Legacy Identifiers Strategy Phase of NPI Implementation.
341		REF02	Other Provider Secondary Identifier		9	Maryland Medicaid Assigned Provider Number
349	**2310E**		**Service Facility Name**			**This loop is expected if information is not provided or different in a previous loop.**
350		NM108	Identification Code Qualifier	XX		
350		NM109	Identification Code		10	National Provider ID
357		REF01	Reference Identification qualifier	1D		For use during dual NPI-Legacy Identifiers Strategy Phase of NPI Implementation.
358		REF02	Service Facility Secondary Identifier		9	Maryland Medicaid Assigned Provider Number of the facility